

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

Registrar's No.

3975

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLAYTON

Length of stay in 1b

3 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

COUNTY HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before

a. STATE

MO

b. COUNTY

ST. LOUIS

admission)

c. CITY

OR TOWN

ROCK HILL

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

905 MADISON

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
AudreyMiddle
Taylor

Last

4. DATE OF DEATH

Month

Day

Year

Dec. 21 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Oct 6, 1962 1 YR

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Month Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

MEMPHIS TENN U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

AUBREY TAYLOR

13b. MOTHER'S MAIDEN NAME

OLEAVIA PORTER

14. NAME OF HUSBAND OR WIFE

AUBREY TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Oleavia Porter 205 Madison

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Endocardial Fibroelastosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-18-63 to 12-21-63 and last saw her alive on 12-21-63
Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

27. GARDNER

28. GARDNER

29. GARDNER

30. GARDNER

31. GARDNER

32. GARDNER

33. GARDNER

34. GARDNER

35. GARDNER

36. GARDNER

(Licensed Embalmer's Statement on Reverse Side)

If this body is not embalmed, fact should be so stated above.